

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002550

1. Entity Name

QUALITY ENTERPRISES USA, INC.

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90061 012 \*\*\*550.00

Principal Place of Business

904 CORPORATE LANE  
CHESAPEAKE VA 23320

Mailing Address

904 CORPORATE LANE  
CHESAPEAKE VA 23320

2. Principal Place of Business

5121 Castello Drive

3. Mailing Address

5121 Castello Drive

Suite, Apt. #, etc.

Suite #2

Suite, Apt. #, etc.

Suite #2

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

54-0947002

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURRELL, HOWARD J  
101 AVIATION DR N  
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

Howard J. Murrell, Jr.

Street Address (P.O. Box Number is Not Acceptable)

5121 Castello Drive, Suite #2

City

Naples

FL

Zip Code  
34103

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete  
NAME MURRELL, HOWARD J JR.  
STREET ADDRESS 904 CORPORATE LANE  
CITY-ST-ZIP CHESAPEAKE VA 23320

TITLE CVS ☐ Delete  
NAME MURRELL, JOHN L  
STREET ADDRESS 904 CORPORATE LANE  
CITY-ST-ZIP CHESAPEAKE VA 23320

TITLE VP ☐ Delete  
NAME LANDRY, MARTIN  
STREET ADDRESS 904 CORPORATE LANE  
CITY-ST-ZIP CHESAPEAKE VA 23320

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition  
NAME Howard J. Murrell, Jr.  
STREET ADDRESS 5121 Castello Drive, Suite #2  
CITY-ST-ZIP Naples, FL 34103

TITLE Vice-President ☒ Change ☐ Addition  
NAME John Murrell  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Howard J. Murrell, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/00  
Date

Daytime Phone #

CR2E034 15/000

Attachment

F95 00 000 2550

Form #201

DOB 82189

## FILING INSTRUCTIONS

FLORIDA 2000 UNIFORM BUSINESS REPORT (UBR)

DATE July 27, 2000

TAXPAYER Quality Enterprises USA, Inc.

PERIOD ENDED N/A

### SIGNATURE AND MAILING

☒ The return should be signed and dated by an officer  
It should be mailed on or before July 31, 2000 to:

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

### PAYMENT

☒ A net tax is due of \$ 550.00. A check should be attached payable to Florida Department of State. Please include your identification number on your remittance.

☐ The return has an overpayment of tax. We have requested this overpayment be handled as follows:

Applied to next period's return

\$ \_\_\_\_\_

Refunded

\$ \_\_\_\_\_

☐ No tax is due with this return.

### OTHER

☐ See separate instructions for filing estimated taxes.

The copy stamped "COPY FOR CLIENT" is for your files.

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_